

**REQUIRED FOR APPLICATION A APPROVAL**

Cattle Genetics, Livestock Equipment, Hay Storage, Livestock Feed Storage, Grain Storage

**SUBSTITUTE W-9 FORM**

**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

**1. Please complete general information:**

Taxpayer Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

*Reimbursement check will be mailed to this address.*

**2. Circle the most appropriate category below: (please circle only one)**

- 1) Individual (not an actual business)
- 2) Joint account (two or more individuals)
- 3) Custodian account of a minor
- 4)
  - a. Revocable savings trust (grantor is also trustee)
  - b. So-called trust account that is not a legal or valid trust under state law
- 5) Sole proprietorship (using a social security number for the taxpayer ID)
- 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
- 7) A valid trust, estate, or pension trust
- 8) Corporation
- 9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
- 10) Partnership
- 11) A broker or registered nominee
- 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
- 13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)

**3. Fill in your taxpayer identification number below: (please complete only one)**

**1) If you circled number 1-5 above, fill in your Social Security Number.**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**4. Sign and date the form:**

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title (if applicable) \_\_\_\_\_

**2010 TAEP COST SHARE – APPLICATION A**

Office Use Only – Date Received:

**1. APPLICANT INFORMATION**

<b>Taxpayer ID Information</b> List only one number		<b>Social Security Number (XXX-XX-XXXX)</b>		<b>Federal Tax ID# (XX-XXXXXXX)</b>	
Last Name		First Name		M.I.	Title <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> JR <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/> SR
Street		City	ST	Zip Code	County
Mailing			TN		
Residential			TN		
Home Phone		Cell Phone (optional)		E-mail (optional)	

**2. FARM/PREMISES INFORMATION**

- Applicants with livestock on their operation must register their premises with TDA.
- Applicant name must match contact (primary or secondary) listed on premises account to be eligible.
- Indicate the farm address where cost share project is physically located.
- If you do not have livestock on your operation, write n/a in the premises boxes and fill in the farm address.

<b>Premise Account #</b>		<b>Premise ID # - Farm 1</b>		<b>Premise ID # - Farm 2</b>	
Street		City	ST	Zip Code	County
Farm 1			TN		
Farm 2			TN		
<b>Property Ownership</b> Indicate if farm is owned or leased		<b>Farm 1</b> <input type="checkbox"/> I own <input type="checkbox"/> I lease		<b>Farm 2</b> <input type="checkbox"/> I own <input type="checkbox"/> I lease	

**3. APPLICANT CERTIFICATIONS/PERMITS**

- Certification/permits must be completed by the applicant. No substitutions, such as farm managers or relatives, are allowed.

<b>CATTLE PRODUCERS</b>		
<b>Beef Quality Assurance (BQA) – Required to apply</b> Renewed every two years. Must be current at time of application.	<b>Certification #:</b>	<b>Expiration Date:</b>
	<b>Year Certified:</b>	<b>Where/County:</b>
<b>UT Master Beef Producer (MBP) – Required only for 50%</b> Certification must be completed prior to reimbursement deadline.	<b>Plan to attend?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<b>DAIRY PRODUCERS</b>	
<b>TDA Dairy Permit # - Required to apply</b> Dairies must be permitted by TDA to be eligible as a dairy under TAEP.	<b>Permit #</b>	
	<b>Year Certified:</b>	<b>Where/County:</b>
<b>UT Quality Milk Program (TQMI) – Required only for 50%</b> Certification must be completed prior to reimbursement deadline. Must complete three or more modules to be eligible for 50%.	<b>Plan to attend?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<b>GOAT PRODUCERS</b>	
<b>UT Master Meat Goat Producer (MMGP) – Required only for 50%</b> Certification must be completed prior to reimbursement deadline.	<b>Year Certified:</b>	<b>Where/County:</b>
	<b>Plan to attend?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>SWINE PRODUCERS</b>		
<b>Pork Quality Assurance (PQA) – Required to apply</b> Renewed every three years. Must be current at time of application.	<b>Certification #:</b>	<b>Expiration Date:</b>



#### 4. LIVESTOCK AND ACREAGE INFORMATION

- Check type of livestock/acreage on your operation. List number of head/acreage.
- Head of livestock refers to the actual number of a single type regardless of sex or age, at date of application.
- Goats/Sheep can be combined to meet minimum number requirement.

Livestock Type	# of Head	Livestock Type	# of Head	Acreage Type	# of Acres
<input type="checkbox"/> Cattle - Beef		<input type="checkbox"/> Poultry - Broilers		<input type="checkbox"/> Hay	List total # of acres in row crop production:
<input type="checkbox"/> Cattle - Dairy - Milk producer		<input type="checkbox"/> Poultry - Layers		<input type="checkbox"/> Corn	
<input type="checkbox"/> Cattle - Dairy - Heifer replacement		<input type="checkbox"/> Sheep - Meat		<input type="checkbox"/> Soybeans	
<input type="checkbox"/> Goats - Meat		<input type="checkbox"/> Sheep - Dairy		<input type="checkbox"/> Wheat	
<input type="checkbox"/> Goats - Dairy		<input type="checkbox"/> Swine		<input type="checkbox"/> Other	

#### 5. COST SHARE REQUEST SUMMARY

- Indicate your cost share request per program.

Program	Cost Share Request Summary ✓ Check box to indicate your request per program		Office Use Only
<b>Cattle Genetics</b> \$1,200 Max.	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> A <input type="checkbox"/> D
<b>Livestock Equipment</b> \$3,500 Max.	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> A <input type="checkbox"/> D
<b>Hay Storage</b> \$7,500 Max.	<input type="checkbox"/> No	<input type="checkbox"/> Yes – additional materials required: <ul style="list-style-type: none"><li>• Project budget cost quotes required</li><li>• Budget will determine exact allocation amount</li></ul>	<input type="checkbox"/> A = <input type="checkbox"/> D
<b>Livestock Feed Storage</b> \$10,000 Max.	<input type="checkbox"/> No	<input type="checkbox"/> Yes – additional materials required: <ul style="list-style-type: none"><li>• Project budget cost quotes required</li><li>• Budget will determine exact allocation amount</li><li>• Commodity sheds also require a diagram</li></ul>	<input type="checkbox"/> A = <input type="checkbox"/> D
<b>Grain Storage</b> \$15,000 Max.	<input type="checkbox"/> No	<input type="checkbox"/> Yes – additional materials required: <ul style="list-style-type: none"><li>• Project budget cost quotes required</li><li>• Budget will determine exact allocation amount</li></ul>	<input type="checkbox"/> A = <input type="checkbox"/> D

#### 6. APPLICANT AGREEMENT

- I certify that I am a resident of Tennessee and that I am at least 18 years old on application date.
- I have reviewed and understand all of the guidelines listed in this application booklet.
- I certify that all the information on this application is complete, true and factual to the best of my knowledge and belief.
- I understand that providing any false, fraudulent or misleading information may result in penalties and/or make this farm/tract ineligible to participate in present and/or future Tennessee Department of Agriculture programs.
- I understand that the minimum cost share reimbursement request per program is \$250.
- I also understand that failure to utilize allocated funds can affect eligibility for future programs.

Print Applicant Name

Date

Applicant Signature

#### 7. HOW TO SUBMIT "APPLICATION A"

- ☐ Review each section of application for completeness.
- ☐ Fill in all blanks and check appropriate boxes where requested.
- ☐ Attach Substitute W-9 form (page 14).
- ☐ Attach cost quotes, project budget worksheet, and diagrams where required.
- ☐ NO FAXES ACCEPTED - Applications are only accepted by mail or hand delivery.

Mail to:  
TN Dept. of Agriculture  
Attn: TAEP FY2010-A  
P.O. 40627  
Nashville, TN 37204

**Applications must postmarked June 1 – 7, 2010 or hand delivered during the same period.**

**Applicant will be notified in writing of approval or denial of application. Allow 8 weeks for processing.**